



High Wind Refuge Areas Workshop
Olathe, Kansas
November 30, 2001

Name

Mailing Address Company/Institution

City

State

Zip+4

(_____) _____
Phone

(_____) _____
Fax

E-mail

Fees:

_____ \$25.00 Registration

_____ \$10.00 .6 CEUs, 6 contact hours

_____ Total Enclosed

CEUs are recorded by our office and a CEU certificate awarded only if \$10.00 fee is paid. You will however receive a certificate of participation with a regular registration fee. It will not have the contact hours listed. If you have questions about this please contact us.

Method of Payment:

_____ Check enclosed (make check payable to KSU)

_____ Invoice my company (Purchase Order No. _____)

_____ Charge my credit card _____ Visa _____ Mastercard

Card Number

Expiration Date

Print Cardholder's Name

Cardholder's Signature

For those needing special assistance: Please indicate by at least three weeks prior to the program any special requirements: _____

_____ Initial here if you do not want your name on the participant roster for this program.

Please return this form by **November 23, 2001**

High Wind Refuge Areas Workshop Registration
Division of Continuing Education
Kansas State University
141 College Court Building
Manhattan, KS 66506-6015

Register online at <http://www.dce.ksu.edu/conf/highwind> or phone registration, 785.532.5569 or **FAX**, 785.532.2422

Special Assistance

Kansas State University is committed to making our functions accessible to all participants. A participant with a disability who needs accommodation should contact the Division of Continuing Education Registrar (785)532-5566 or 1-800-432-8222 at least three weeks prior to the beginning of the program. After that date, we will make every effort to provide assistance but cannot guarantee that requested services will be available.